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ABSTRACT

This project examined attitudes, expectations, and behaviors that make prostitutes successful in learning to establish their autonomy and work safely. Ethnographic studies were conducted of 47 prostitutes in Canada and 60 in New Zealand through semi-structured interviews, focus groups, and open-ended discussions supplemented by researchers' observations and participation in the culture of sex trade work. Women new to the streets and experienced women involved in various genres of sex work were surveyed as to how they came to acquire a working knowledge about safer sex practices and what specific practices resulted from that knowledge. Findings suggested that, in the course of their daily work, most prostitutes learn to deal with issues of intimacy, decision making, communication, negotiation, and assertiveness. Prostitute practices acquired outside of formal educational systems constituted an alternative body of educational knowledge that could efficiently use community resources to inform and teach about issues concerning safer sexual interactions. Staffed by workers who were in or formerly part of the sex industry, the New Zealand Prostitutes' Collective was the first cooperative effort between the government and sex workers to promote safer sex practices in the sex industry. Sex workers wanted to create an organization that would empower them and advance their political and legal cause. (Contains 27 references.) (YLB)

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A COMPARATIVE INVESTIGATION OF SAFER SEX PRACTICES AMONG CANADIAN AND NEW ZEALAND PROSTITUTES

Diane Meaghan

Introduction

This discussion paper represents some preliminary thinking concerning a research project (jointly undertaken with Jody Hanson of Waikato University in New Zealand) comparing how safer sex practices are learned among prostitutes in two sites of Canada and New Zealand, and investigating if such training could be transferred to the population at large. The study involved female and post-operative transgendered prostitutes and their male clients. A broad definition of safer sex practices was utilized to incorporate a range of sexual activities providing physical, sexual and emotional safety for all parties involved. Using feminist standpoint theory that places a high valuation on women, affirming their strengths and capabilities and taking their experiences to be the entry point for investigation, the female prostitute became the site of investigation of political struggle and a possible source of social change (Smith: 1974, 1978). Divergence based on race and class established meanings of difference and diversity to address the specific needs of various individual subjects (Ng:1986; hooks:1990). Feminist standpoint theory was linked with experientially-based adult education theory to establish (a) how prostitutes learn and practice safer sex, in what specific contexts safe sex practices emerge and what were the contributing factors that facilitate and constrain such practices (b) whether it is possible for prostitutes to function as pedagogical models in the transfer of skills and knowledge to others and (c) if a process that provides agency and empowerment to prostitutes by reframing a discourse of deviance and disease to one of knowledgeable sexual service worker could alter prostitute status in society. I will not present the detailed findings of this study here, but rather will use some of the data to highlight my argument.

The investigation consisted of an examination of the specific attitudes, expectations and behaviours that prostitutes acquire which make them successful in learning to establish their autonomy and to work safely. Ethnographic investigations of 47 prostitutes in Canada and 60 prostitutes in New Zealand took place through semi-structured interviews, focus groups and open-ended discussions that supplemented the researchers' observations and participation in the culture of sex trade work. Women new to the industry as well as experienced women involved in various genres of sex work such as street work, house/brothel, escort services and call girls were surveyed as to how they came to acquire a working knowledge about safer sex practices and what that knowledge constituted by way of specific practices. Individual prostitutes and members of sex trade workers' organizations were specifically asked to serve

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as consultants to provide information concerning sex trade work in both countries, to critique the analysis and to assist in formulating recommendations.

The Historical Framing of Sex Trade Work

The efforts of religious groups and feminists around the turn of the century helped to focus the attention of the state on sex work. Due to the emerging discourse resulting from the replacement of the concept of "sin" with a scientific framing, a particularly compelling connection was established between prostitution and its association with deviance and disease. Prostitution was pathologized as a social problem and conceptualized within a medical model of disease and recuperation (Hart:1977). The problem of sex work was the problem of the sex worker, often viewed as a victim of sexual abuse and drug addiction who was forced to take up prostitution (Lerum, 1999:14-15). The social construction of prostitutes as victims suffering from disease was an attempt to garner sympathy for the sexual deviant in society. Within a conservative cultural framing, the state dealt with individual illness through expert medical and social work interventions. In what Max Weber calls a "rational" approach of the bureaucratic state, the prostitute was scientifically classified, managed and "treated" in an effort to rehabilitate the individual and to respond to moral panic in the culture (Bell:1994). While a structural explanation led to the sociological investigation of social conditions that gave rise to prostitution, the approach served to render prostitutes as personally and politically passive.

In casting sex workers as a social problem in scientific, medical and popular discourses, prostitutes became problematized and the focus in a process of stigmatization. Alienated and disempowered, the knowledge of those who extensively worked at sex became systematically ignored in mainstream society. Alternative views which recognized the skills and knowledge of the prostitute became supplanted (Delacoste and Alexander:1987). Lacking access to conventional and culturally legitimate ways of contributing to the production of dominant forms of knowledge, the prostitute's marginal legal, economic and political status prevented until recently, the introduction of an organized prostitute discourse that could compete with the authoritative position of scientific and professional ideologies.

Historically, a number of government sponsored studies concerning sexually risky behaviour have been structured around elements of danger, fear and risk; a perspective which reinforces a negative view of sexuality (Shaver:1988; Delacoste and Alexander:1987; Pheterson:1989). Official policy and practice encouraged protection from sexual danger but did not encourage the pursuit of sexual autonomy and pleasure (Overall:1992; Anthony 1992). In these discourses, sexuality is presented as a series of behaviours ranging from the least to the most risky and abstracted from a larger social context (di Mauro:1995). Changing social norms to influence behaviour is currently conceptualized as a complex task in a culture reflecting varied and conflicting messages. A comprehensive and effective approach to addressing social, health and sexual safety concerns depends upon knowing answers to questions concerning what motivates sexual behaviour. Comprehending the factors influencing risk-taking behaviour and emphasizing the importance of intervention and prevention designed to initiate behavioural change calls for managing individual risk and decisions in the cultural context that both produces and perpetuates behaviour. An approach of applied research which inquires about who engages in specific behaviours and with whom over time has the potential to generate new insights for social change.

Adult education literature is focused on how adults learn in a social context (Tough:1979) and in collaboration with others (Acosta:1987). During the past two decades, the focus has shifted toward self-directed and egalitarian relationships between adult educators and learners (Karka:1994). Sexually transmitted disease prevention programs are moving away from information-based strategies to a more holistic approach that deals with multiple determinants of behaviour, reflecting a synthesis of adult education theory and practice. It is recognized that sexual ignorance gives rise to inappropriate behaviour and that sexual learning occurs continually both through formal and informal learning processes. Sexual education programs in future will need to reflect different learning styles which can be adapted to different patterns of sexual activity (di Mauro:1995).

Prostitutes have rarely worked with professionals and policy makers to foster a more complex understanding and to improve practices of safer sex, since each in this binary often views the other as problematic. Prostitutes are often blamed for disease and disorder in society; rarely are they viewed as

possessing skills and knowledge which could be useful in informing people about safe sex practices and sexual agency. Studies in developed nations, however, have found that sex trade workers are not the major cause of the spread of sexually transmitted diseases (Hart:1977; Fraser:1985). To be successful in their occupation, sex trade workers develop techniques to minimize danger and promote safer sex practices (Meaghan:1989). Since sexual self-assurance and control are key considerations for prostitutes, they often learn safe sex alternatives such as "body slides" and "hand relief" (Hanson:1995). In contrast to the repression/censorship position that dominated the sex debates during the past several centuries, prostitutes in particular have argued for diversity, choice and the primacy of pleasure (Rubin:1984; Valverde:1989). The ways in which prostitutes challenge the formation of sexuality and create power and autonomy for themselves in seemingly powerless social interactions, suggests the potential for expanding the definition of adult sexual educators to include prostitutes.

Reframing: Prostitute-Centered Pedagogy as a Model of Safe Sex Practice

Findings of this study suggest that while stressing autonomy and consent, prostitutes in both countries confront disease, coercion and abuse as components of specific human relations rather than of sex trade work. Danger is often a consequence of their vulnerability as women rather than as an outcropping of their profession. While prostitutes recommend that an overemphasis on danger reinforces a women's powerlessness, in the course of their daily work most learn to deal with issues of intimacy, decision-making, communication, negotiation and assertiveness. Among prostitutes there is a range of skills and knowledge; one young woman who recently began to work on the streets of Winnipeg suggested that HIV/AIDS was an inherited disease, while at the other end of the continuum a very savvy young woman in Auckland boosted that she was able to put a condom on every client with her teeth and often without their knowledge.

The majority of prostitutes view sexuality as an interactive, negotiated social transaction concerning partner choice, kinds of sexual experience, contraceptive use and disease prevention. Since self-assurance and control are key considerations for sex workers, most prostitutes quickly learn "tricks of the trade" from each other concerning oral, vaginal and anal sex, issues of street work, self defense, drugs, "legal hassles" and working while pregnant. To some extent contact with some clients and reading trade magazines add to the prostitute's repertoire of skills and tactics in terms of minimizing danger and promoting safe sex practices. Since STDs and HIV/AIDS are increasingly diseases associated with poverty, poor women, young women, street workers, women on drugs and to some extent women of colour are more at risk. Issues of experience, assertiveness and body image play a crucial role in prostitutes being able to protect themselves; the more experienced, knowledgeable and assertive the prostitute appears to be in client interactions, the less likely she is to encounter difficulties.

An experienced women working in Montreal hotels suggested that unlike women in the population at large, prostitutes attempt to screen clients and establish boundaries. Since drinking and using drugs is linked to risky sexual behaviours that can lead to the transmission of diseases, unintended pregnancy and violence, she and her clients avoid such indulgences. A woman working for six years in a brothel in Hamilton Ontario remarked that clients who have poor personal hygiene can be enticed to engage in a sexual fantasy that includes a bath or a shower. Working as a house prostitute in Hamilton New Zealand, a young Maori woman and active member of the New Zealand Prostitutes' Collective, suggested that the best way for her to be protected was to quickly take the lead in an encounter and establish a personal relation so her clients see her as a "human being". The founding member of the Niagara Prostitute's Collective who has a number of women apprenticing with her in the Niagara region in order to become proficient at their craft, stated that expectations of spending quality time with her (characterized as a "great treat" and only affordable on an occasional basis) are set through telephone conversation and by e-mail communiques, well in advance of meeting a client. In inquiring about favourite lingerie, wine and music, she establishes an expectation that the client will have a unique and rewarding experience. Through polite and courteous behaviour with clients, she sets the tone concerning safe and self-affirming activities that nullify risk-taking behaviours. Understanding that most men are intrigued by the her very physically fit body, she concentrates on helping men to define and verbalize their sexual interests and fantasies. Continuous eye contact and "small talk" of a friendly nature are further reported to go a long way in setting boundaries.

Focusing on the experiences of prostitutes as adult educators raises questions about the possibility of

developing a prostitute-centered pedagogy of safer sex practices. In contrast to dominant discourses that stigmatize and ignore the knowledge of sex workers, prostitute pedagogy affirms the right of sex workers to control their conditions of work and recognizes the experiences skills and knowledge of body work. Prostitute practices acquired outside of formal educational systems constitute an alternative body of educational knowledge that could efficiently use community resources to inform and teach about issues concerning safer sexual interactions. Providing prostitutes with an opportunity for input into policy issues pertaining to safer sex practices could be useful in transmitting their skills and knowledge to other sectors of the community including clients, health clinics, social agencies and the public at large. Such knowledge could not only serve in transformational learning and education to generate innovative social sexual practices, but could also be used to empower sex workers as political subjects on the boundary of sex and work.

The New Zealand Prostitutes' Collective: Promoting Safer Sex and Social Change in the Sex Industry

The New Zealand Prostitutes' Collective (NZPC), founded in November, 1987, represents the first cooperative effort between the government and sex workers to promote safer sex practices in the history of New Zealand's sex industry (Barwood:1998). The initial impetus for establishing NZPC came with the advent of HIV/AIDS crisis; the Department of Health was concerned to prevent the spread of infection to heterosexual populations. Prostitutes in New Zealand were for the most part involved in direct relations with clients and many parlour workers and those who work for escort agencies exhibited a high degree of independence from parlour owners. Being generally less exploited than prostitutes in other parts of the world may have contributed to the eagerness with which these women took responsibility for their own sexual health and engaged in peer education. The fact that sex workers were at personal risk and perceived a threat to their business may also explain their interest in forming an equal partnership with the government officials to organize the community in order to prevent the spread of sexually transmitted diseases. Through the state's provision of funds, support and infrastructure and by not attempting to eliminating prostitution, members of NZPC recognized the benefit of establishing an government endorsed organization by sex workers for sex workers to service prostitutes, clients and the public. As Catherine Healy, the national NZPC spokesperson and World Health Organization consultant remarked "since the publicity drive against AIDS began there has been a general downturn in the industry. While statistics suggest that sex workers have no greater likelihood of being HIV positive than the general population, clients are fearful of contracting AIDS" (Barwood, 1998:8). Studies in 1996-1998 of seroprevalence among sex workers conducted in four major New Zealand cities by the AIDS Epidemiology Group, Department of Preventive and Social Medicine at Otago Medical School found "no discernible infection among New Zealand born female sex workers", giving credence to the idea that sex workers are leading proponents of disease prevention (Jordan:1991; Lichtenstein, 1999:57).

An essential feature of the Collective is that it was staffed by workers who were in or formerly part of the industry, ensuring that the workplace culture was understood and the concerns of sex workers were paramount. Healy remarks "that there are so many things you don't appreciate if you haven't worked in the industry" (Barwood, 1998:9). Most sex workers were self employed and work outside of the law; all were responsible for their own health and safety. The NZPC's free and practical information focusing on health and safety as central themes. Staff spent the majority of their time distributing sex literature such as publications of Siren (Sex Industry Rights and Education Network) that recognized the client's behaviour was crucial in containing HIV, that published the "Friendly Pharmacist" to discuss disease prevention and the "Ugly Mugs" list warning of violent clients as well as TOPS (a transsexual outreach newsletter). Throughout Auckland, 2,200 condoms were distributed each week, together with dental dams and lubricants as staff travelled to escort agencies and made contact with sex workers on the streets (Barwood:1998). One of the NZPC's mottos of "No Joe No Go" that stressed that clients must wear condoms in each encounter reflected actual safety conscious practice that exceeded those in the population at large (Healy and Reed: 1994). In regional drop-in centers, advice and counselling were provided together with the provision of HIV/AIDS testing, health support services, self-defense instruction as well as needle exchange and legal services.

New Zealand sex workers, however, had a broader objective in establishing the Collective - they wanted to create an organization that would empower sex workers and advance their political and legal

cause. An approach by the health department simply accelerated informal discussions previously undertaken by prostitutes to establish a support group. The Collective was viewed as a vehicle to counter negative public images of the sex industry, to promote sex workers' rights and to decriminalize prostitution, by actively working to repeal existing laws related to soliciting and keeping a brothel under Section 26 of the 1981 Summary Offenses Act. It was founded to foster pride among sex workers and to combat the hostility of the Wellington police, for example, by exposing acts of persecution to the media and threatening to withdraw from the Collective. Unlike Canada where it was not illegal to be a prostitute but it is illegal to prostitute or solicit, in New Zealand it was illegal to solicit but not to exchange money in a sexual encounter.

Catherine Healy pointed out, for example, that under the Paid Parental Leave Bill, sex workers were excluded as parents who were eligible for a 12 week paid leave of 80% of salary because they were not recognized by the Inland Revenue department, despite the fact that this department encouraged sex workers to register and pay taxes. Prior to the establishment of the Collective, sex workers had made several submissions to parliament recommending decriminalization, as fear of prosecution made it more difficult to educate prostitutes about safer sex practices. Based on the work that came out of the First World Whores' Congress held in Amsterdam in 1995, the pioneer work of Catherine Healy and Catherine O'Regan helped to draft a May 1997 bill to decriminalize sex work. With all likelihood, the bill will pass in October 2000 as the final reading of the bill proceeds. In offering specialized services for sex workers and addressing the government's concern with respect to health issues, NZPC was able to work with parliamentary officials to conduct surveys (while providing data to academics) and to establish social and political rights for sex workers and to promote decriminalization.

In sum, traditional approaches by social service agencies and policy makers targeted prostitutes as disease-bearing, and marginalized or ignored the contributions that prostitutes might make to disease prevention. A lesson can be taken in Canada from the New Zealand's reframing of the idea of prostitute as a transmitter of sexual disease to a view that posits the prostitute as a sexual expert with particular skills and knowledge. Such a paradigm shift provides a way for sex workers to be a vital part of a public campaign to establish safer sex practices. To prevent an HIV/AIDs epidemic, the New Zealand Prostitutes' Collective formed a successful partnership with the government to recruit sex workers as peer educators. The fact that reports by epidemiologists testing for HIV seropositivity among sex workers between 1983 and 1998 found no reported cases of infection among New Zealand prostitutes, gave legitimacy to the ability of sex workers to control disease and to make the claim of safe sex experts.

In discrediting the myths of irresponsibility and practitioners of unsafe sex, an allegedly high-risk group of prostitutes became health care educators. Attention was focused on the behaviour of clients as problematic in spreading sexual diseases, at the same time sex workers were aligned with a campaign as protectors of public health. Challenging and undermined hegemonic discourse reversed public opinion and resulted in the social inclusion in public policy formation for this previously marginalized group. Through contact with medical personnel, government officials, politicians and academics, sex workers gained the confidence and organizational skills necessary to legitimate their claims as health care specialists. Sex workers were assisted in repealing laws pertaining to soliciting and in moving toward decriminalization through the recognition that stigmatization and legal prosecution prohibit being able to continue harm reduction and disease prevention work. Prostitute discourse was not only utilized to address safer sex practices, but was also used as a language of empowerment to create a supportive social environment for political advocacy. As a result, relations among sex workers and the police, judges, politicians, health officials and the public improved in New Zealand.

Notes

1.. The services of on-site and drop-in HIV and STD clinics were available to both female and male sex workers and their clients.

2. One column that frequently appeared in Siren entitled "Take Care" took up the theme of sex workers acquiring infection from clients. Catherine Healy and Anna Reed (1994) remarked that while sex workers are socially perceived to be the major reservoir of infection for HIV/AIDS in the general population, it was a way to whip up hysteria about prostitutes. She cautioned that men who refused to

wear condoms, that engaged in high-risk sexual practices and use commercial sex services in travels to other countries with high rates of HIV/AIDS infection were at risk for spreading diseases in the community, and the sex worker should supply and put on a condom. Sex workers were seen to not only protect themselves and their clients but other sexual partners of these men. Sex workers were also advised with respect to other risks posed by clients, the police and the public.

3. The notion that prostitutes are the source of and spread venereal diseases in long-standing in New Zealand as in other parts of the world. This perception emerged during the nineteenth-century struggle to control syphilis and has been a part of the government's approach until the 1980s and 1990s when the position was reversed in favour of working with sex workers in disease prevention (Lichtenstein, 1999:55). Historically, the concern was about the spread of syphilis among "licentious" Maori woman who had contracted the disease from Europeans. With the passing of the Contagious Disease Act of 1869, prostitutes were forcibly confined in order to undergo compulsory medical examinations (Lichtenstein, 1999:39-40).

4. In attempting to generalize the techniques used by prostitutes to the general population, it has been observed that young women in particular do not have the skill or confidence to control sexual encounters (Lupton:1994) and further prostitutes but not respectable women use condoms (Holland:1994).

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